

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): Herbert Blum, Bernd Gentner, Thomas Kielwein

For (title): **FORCE LIMITER PROVIDED ON A BELT RETRACTOR**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

7 Pages of specification

1 Pages Abstract

3 Pages of claims

6 Sheets of drawing

☒ formal (Figs.)

☐ informal

In addition to the above papers there is also attached:

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date September 19, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET924150843 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Deborah Denn

(Type or print name of person mailing paper)



(Signature of person mailing paper)

- ☒ English
☐ A verified English translation of the
 ☐ specification and claims
 ☐ declaration
is attached.

4. **Assignment:**

☒ An assignment of the invention to TRW Occupant Restraint Systems GmbH & Co. KG

- ☒ is attached.
☐ will follow

5. **Certified Copy:**

Certified copy (ies) of application (s)

GERMANY	202 14 811.4	25-Sep-02
(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)

from which priority is claimed

- ☒ is attached
☐ will follow

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$750.00

7. Small Entity Statement

- ☐ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. Fee Payment Being Made At This Time:

Enclosed:

- | | |
|---|-----------------|
| <input checked="" type="checkbox"/> basic filing fee | \$750.00 |
| <input checked="" type="checkbox"/> assignment recordal fee | \$40.00 |
| <input type="checkbox"/> for processing an application with a specification in a non-English language | \$ _____ |
| Total fees enclosed | \$790.00 |

9. Method of Payment Fees:

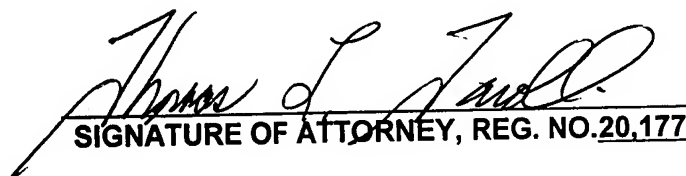
- ☒ check in the amount of **\$790.00** enclosed.

☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. Instructions As to Overpayment:

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 20,177

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Type or print name of attorney